

Best Available Copy

# CLAIMS ONLY

Application Number

10/208918

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1 1				
3		1 2				
4		1 3				
5		1 4				
6		1 5				
7		1 6				
8		1 7				
9	1					
10		1 8				
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Total Indep	3					
Total Depend	16					
Total Claims	19					
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Total Depend						
Total Claims						